



IDAHO DEPARTMENT OF
HEALTH & WELFARE

JAMES E. RISCH – Governor
RICHARD M. ARMSTRONG – Director

DEBBY RANSOM, R.N., R.H.I.T – Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, Idaho 83720-0036
PHONE: (208) 334-6626
FAX: (208) 364-1888
E-mail: fsb@idhw.state.id.us

December 11, 2006

Theresa Wessels, Administrator
Juniper Meadow, Emeritus Properties II, Inc
2975 Juniper Dr
Lewiston, ID 83501

License #: RC-595

Dear Ms. Wessels:

On October 17, 2006, a state licensure survey was conducted at Juniper Meadow, Emeritus Properties II, Inc. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact Rebecca Winter, RN, Health Facility Surveyor, Residential Community Care Program, at (208) 334-6626.

Sincerely,

REBECCA WINTER, RN
Team Leader
Health Facility Surveyor
Residential Community Care Program

RW/slc

c: Jamie Simpson, MBA, QMRP Supervisor, Residential Community Care Program



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October 26, 2006

Theresa Wessels, Administrator
Juniper Meadow, Emeritus Properties II
2975 Juniper Dr
Lewiston, ID 83501

Dear Ms. Wessels:

On October 17, 2006, a state licensure survey was conducted at Juniper Meadow, Emeritus Properties II, Inc. The facility was found to be providing a safe environment and safe, effective care to residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying proof of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by November 16, 2006.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

A handwritten signature in black ink, appearing to be 'JS' or 'J. Simpson', written in a cursive style.

JAMIE SIMPSON, MBA, QMRP
Supervisor
Residential Care Assisted Living Program

JS/slc

Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R595	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/17/2006
NAME OF PROVIDER OR SUPPLIER JUNIPER MEADOW, EMERITUS PROPERTIES		STREET ADDRESS, CITY, STATE, ZIP CODE 2975 JUNIPER DR LEWISTON, ID 83501		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	<p>Initial Comments</p> <p>The residential care/assisted living facility was found to be in substantial compliance with the Rules for Residential Care or Assisted Living Facilities in Idaho. No core deficiencies were cited during the standard health survey. The surveyors conducting the survey were:</p> <p>Rebecca Winter, RN Team Coordinator Health Facility Surveyor</p> <p>Debbie Sholley, LSW Health Facility Surveyor</p> <p>Karen McDannel, RN Health Facility Surveyor</p> <p>Rae Jean McPhillips, RN Health Facility Surveyor</p>	R 000		

Bureau of Facility Standards

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

BXH411

If continuation sheet 1 of 1



BUREAU OF FACILITY STANDARDS
P.O. Box 83720
Boise, ID 83720-0036
(208) 334-6626 fax: (208) 364-1888

ASSISTED LIVING

Non-Core Issues

Punch List

Facility Name Juniper Meadows - Emeritus Properties II	Physical Address 2975 Juniper Drive	Phone Number 746-8676
Administrator Theresa Wessels	City Lewis ton	ZIP Code 83501
Survey Team Leader Rebecca Winter	Survey Type Standard	Survey Date 10/17/06

NON-CORE ISSUES

[illegible]

Response Required Date 11/17/06	Signature of Facility Representative <i>Theresa Messels</i>	Date Signed 10/17/06
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